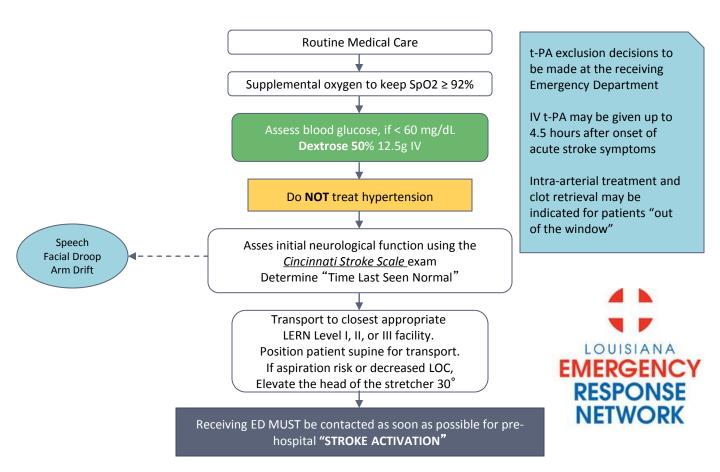
LERN STROKE CARE GUIDELINES

Determine Onset of Focal Neurological Symptoms
"Time Last Seen Normal"

As pre-hospital providers our hands on care for stroke victims is limited. Therefore, our next crucial role in caring for stroke victims is geared toward recognition. The *Cincinnati Stroke Scale* shall be used as a quick stroke screening tool. The MEND may be utilized during transport if it DOES NOT DELAY TRANSPORT. The detailed testing of neurological function should be completed enroute to the ED. If present, transport bystander/family member to the ED with pertinent medical information.



Prior to concluding the Medical Control radio report, identify who will be notifying the receiving ED (EMS or Medical Control). Transport to a hospital that has neurological services and a functional CT scanner.

A neurosurgeon is not required for an ED to accept an active stroke.

- Patients who awaken from sleep with neurological deficits must still must be transported to a hospital with neurological services and a functional CT scanner.
- Treat hypotension as per protocol to improve perfusion
- To assist in t-PA screening, ask "Have you been admitted to the hospital within the past 3 months?"
- Treat generalized seizure activity aggressively per protocol

*Jauch EC, Saver JL, Adams HP Jr., Bruno A, Connors JJ, Demaerschalk BM, et al., American Heart Association Stroke Council, Council on Cardiovascular Nursing, Council on Peripheral Vascular Disease, and Council on Clinical Cardiology. Guidelines for the early management of patients with acute ischemic stroke: a guideline for healthcare professionals from the American Heart Association/American Stroke Association. Stroke. 2013;44:870–947.